

# Insurance Coverage Deduction Summary

Date: [Insert Date]

Policy Holder: [Insert Name]

Policy Number: [Insert Policy Number]

## Deduction Summary

Coverage Type	Deduction Amount	Date of Deduction
Health Insurance	[\$Amount]	[Insert Date]
Life Insurance	[\$Amount]	[Insert Date]
Auto Insurance	[\$Amount]	[Insert Date]

## Total Amount Deducted

Total: \$[Total Amount]

If you have any questions regarding this summary, please contact us at [Insert Contact Information].

Sincerely,

[Insert Your Company Name]

[Insert Your Company Address]